

PLACE OF BIRTH
County of Maricopa
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Co. Registrar's No. _____
Local Registrar's No. _____

FULL NAME OF CHILD Maria Sarah Fisher } Born }
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Female } and } Number in order of birth 2 } Legitimate? yes } Date of Birth Jan. 9 }
Twin, Triplet or other _____ } _____ } _____ } _____ } _____ }

FATHER		MOTHER	
Full Name	<u>Enrique Fisher</u>	Full Maiden Name	<u>Maria Jesus Valenzuela</u>
Residence	<u>Miami - Arizona</u>	Residence	<u>Miami - Arizona</u>
Color or Race	<u>Mex</u>	Color or Race	<u>Mex</u>
Age at last Birthday	<u>28</u> Years	Age at last Birthday	<u>_____</u>
Birthplace	<u>Sonora - Mex</u>	Birthplace	<u>Merida - Yucatan - Mex</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>

Number of child of this Mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 9, 1920, at _____
*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow
Attending physician, midwife, householder.

Given or Christian name added from a

Address Miami - Ariz

supplemental report _____ 1912

Filed 2/25/20 1912

LOCAL REGISTRAR

469-109-451
COUNTY REGISTRAR.

Filed 2/25/20 1912 A True Copy

COUNTY REGISTRAR